| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004 11 0CT 2005 |                                                |                                           |                                                                      |                                       |             |                                   |            |                     | Application or Docket Number |            |                     |                        |
|-------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------|---------------------------------------|-------------|-----------------------------------|------------|---------------------|------------------------------|------------|---------------------|------------------------|
|                                                                                     |                                                | CLAIMS                                    | (Column 1)                                                           |                                       | (Çolumn 2)  |                                   |            | SMALL ENT           | TITY                         | OR         | OTHER<br>SMALL      |                        |
| U.S. NATIONAL STAGE FEES                                                            |                                                |                                           |                                                                      | ŕ                                     |             | ,                                 |            | RATE                | FEE                          | ]          | RATE                | FEE                    |
| BASIC FEE                                                                           |                                                |                                           | SMALL ENT                                                            | Г. = \$ 150                           | LAR         | GE ENT. = \$ 300                  | 1          | BASIC FEE           |                              | OR         | BASIC FEE           | 300                    |
| EXAMINATION FEE                                                                     |                                                |                                           |                                                                      | PCT Article 33(1)-<br>= \$50 / \$ 100 |             | ther situations = 5 100 / \$ 200  |            | EXAM. FEE           |                              |            | EXAM. FEE           | 200                    |
| SEARCH FEE                                                                          |                                                |                                           | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                       | ALL.c       | other situations = 5 250 / \$ 500 |            | SEARCH FEE          |                              |            | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.                                                            |                                                |                                           | minus 100 =                                                          |                                       |             | / 50 =                            |            | X \$ 125 =          |                              |            | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS                                                             |                                                |                                           | /O minus 20 =                                                        |                                       | *           |                                   |            | X \$ 25 =           |                              | OR         | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS                                                                  |                                                |                                           | 3 minus 3 =                                                          |                                       | *           |                                   |            | X \$ 100 =          |                              | OR         | X \$ 200 =          |                        |
| MULTIPLE DEPENDENT CLAIM PR                                                         |                                                |                                           | ESENT                                                                |                                       |             | · 🔲                               |            | + \$ 180 =          |                              | OR         | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2            |                                                |                                           |                                                                      |                                       |             |                                   |            | TOTAL               |                              | OR         | TOTAL               | 900                    |
|                                                                                     |                                                | (Column 1)  CLAIMS REMAINING              | AMENDED - PART II  (Column 2)  HIGHEST NUMBER                        |                                       |             | (Column 3)                        |            | SMALL E             | ADDI-                        | OR         | OTHER<br>SMALL E    |                        |
| AMENDMENT A                                                                         |                                                | AFTER<br>AMENDMENT                        |                                                                      | PREVIO<br>PAID                        | USLY        | EXTRA                             |            | RATE                | TIONAL FEE                   |            | RATE                | TIONAL<br>FEE          |
|                                                                                     | Total                                          | *                                         | Minus                                                                | **                                    |             | = ·                               |            | X \$ 25 =           |                              | OR         | X \$ 50 =           |                        |
|                                                                                     | Independent                                    | *                                         | Minus                                                                | ***                                   |             | =                                 |            | X \$ 100 =          |                              | OR         | X \$ 200 =          |                        |
|                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                                                      |                                       |             |                                   | + \$ 180 = |                     | OR                           | + \$ 360 = |                     |                        |
|                                                                                     |                                                |                                           |                                                                      |                                       |             |                                   |            | TOTAL ADDIT.<br>FEE |                              | OR         | TOTAL ADDIT.<br>FEE |                        |
| ٠.                                                                                  |                                                | (Column 1)                                |                                                                      | (Colun                                | nn 2)       | (Column 3)                        |            |                     |                              |            |                     |                        |
| AMENDMENT B                                                                         |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                                      | HIGHI<br>NUME<br>PREVIO<br>PAID I     | BER<br>USLY | PRESENT<br>EXTRA                  |            | RATE                | ADDI-<br>TIONAL<br>FEE       |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                     | Total                                          | *                                         | Minus                                                                | **                                    |             | =                                 |            | X \$ 25 =           |                              | OR         | X \$ 50 =           |                        |
|                                                                                     | Independent                                    | *                                         | Minus                                                                | ***                                   |             | =                                 |            | X \$ 100 =          |                              | OR         | X \$ 200 =          |                        |
|                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                                                      |                                       |             |                                   | + \$ 180 = |                     | OR                           | + \$ 360 = |                     |                        |
|                                                                                     |                                                |                                           |                                                                      |                                       |             |                                   |            | TOTAL ADDIT.<br>FEE |                              | OR L       | TOTAL ADDIT.<br>FEE | <u> </u>               |
|                                                                                     | If the entry in colu                           | umn 1 is less than th                     | e entry in column                                                    | 2, write "0" ii                       | ı columr    | <b>1</b> 3.                       | ı          | Barbara Campl       | bell, PCT N                  | ational    | Stage Division      | r                      |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".